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CONFIRMATION NO. 7146

<b>SERIAL NUMBER</b> 10/091,313	<b>FILING OR 371(c) DATE</b> 03/04/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 10271-063-999
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## APPLICANTS

Christine Dingivan, Germantown, MD;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/273,098 03/02/2001 and claims benefit of 60/346,918 10/19/2001  
and claims benefit of 60/358,424 02/19/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

25-9-19-06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/02/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 71	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <u>2</u>				

## ADDRESS

20583

## TITLE

Methods of preventing or treating inflammatory or autoimmune disorders by administering CD2 antagonists in combination with  
other prophylactic or therapeutic agents

<b>FILING FEE RECEIVED</b> 4822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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